L15000123836

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8/24/21

COVER LETTER

TO: Registration Set Division of Cor				
SUBJECT: Ca	pstone Plan	ning Investment	s LLC	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Keith	A Wilter		
	Capstone	Planning Investor	sents LL(2021 A
	31 Lupi Ci	+, 5te 120A		572
		Florida 3213 City/State and Zip Code		
		to be used for future ahnual report noti		09
For further information co	oncerning this matter, please c	_	·	
Keith A W	(Cltfong (Person	at (<u>386</u>) <u>ZOZ</u> Area Code Daytim	- 4498 ne Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ction	

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company	ng Investments LLC		
(A Florida Limited Lia	ibility Company)		
The Articles of Organization for this Limited Liability Company w Florida document number <u>L15000123836</u> .	vere filed on 7/20/2015	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability Capstone Investment Man		. 2	
Capstone Investment Man The new name must be distinguishable and contain the words "Limited Liability	y Company." the designation "LLC" or the ab	obreviation L.L.C.	
Enter new principal offices address, if applicable:	·	5 .1	
(Principal office address MUST BE A STREET ADDRESS)		. 2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the nam	P 22 22 22 22 22 22 22 22 22 22 22 22 22	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	. Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am jovided for in Chapter 605, F.S. Or,	familiar with and if this document is	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00